

LIFELINE ENROLLMENT FORM



PERSONAL INFORMATION

PLEASE FILL OUT THE FOLLOWING INFORMATION:

First Name: _____ Middle Initial: _____ Last 4 Digits of SS# _____

Last Name: _____ Birth Date: _____

Phone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

Residential Address (No PO Boxes, must be your physical address):

Street Address: _____

Name of Apt. Complex/Multi Resident Facility: _____

Apt. No.: _____ Multi Resident Facility Room/Bed No.: _____

City: _____ State: _____ Zip Code: _____

This address is:

Permanent Temporary Multi-household

ELIGIBILITY

QUALIFYING BENEFICIARY (Please complete if you or a dependent in your household is receiving benefits from one or more of the programs listed below.)

First Name: _____ MI: _____ Last Name: _____

PLEASE CHECK ONE AND PRESENT DOCUMENTATION PROVING PROGRAM PARTICIPATION:

Food Stamps (SNAP) Federal Housing Assistance (Section 8) Low Income Home Energy Assistance Program

Supplemental Security Income (SSI) National School Lunch (Free Program Only) Medicaid

Temporary Assistance for Needy Families Tribally-Administered Temporary Assistance for Needy Families

Food Distribution Program on Indian Reservations (FDPIR) Bureau of Indian Affairs General Assistance (BIA)

Income qualification: Person whose household income is at or below 130% of national poverty level qualifies.

How many people are in your household? ____

Qualifying income based on number of persons in household:

(1) \$15,889 (2) \$21,505 (3) \$27,121 (4) \$32,737 (5) \$38,353 (Add \$5,616 for each additional person.)

TO QUALIFY BASED ON YOUR INCOME YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW.

- | | |
|---|---|
| <input type="checkbox"/> 3 Consecutive Paystubs | <input type="checkbox"/> Prior Year's State, Federal or Tribal Tax Return |
| <input type="checkbox"/> Unemployment/Workers Compensation Benefits Statement | <input type="checkbox"/> Social Security Benefits Statement |
| <input type="checkbox"/> Retirement/Pension Benefit Statement | <input type="checkbox"/> Divorce Decree or Child Support Document |
| | <input type="checkbox"/> Veterans Administration Benefits Statement |

CERTIFICATIONS

PLEASE READ AND ACKNOWLEDGE YOU AGREE BY INITIALING EACH STATEMENT BELOW:

_____ I understand that Lifeline is a federal government benefit program and that only qualified person may participate in the program.

_____ I understand that Lifeline is only available for one phone line per household, whether landline or wireless. To the best of my knowledge no one in my household is receiving Lifeline benefits (Note: Please complete HOUSEHOLD WORKSHEET section if you live in a multiple dwelling facility).

_____ I certify that I am at least 18 years of age and not currently receiving a Lifeline telephone service from any other landline or wireless telephone company. I understand that any violation of the one phone line per household limitation will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.

_____ I will not transfer my service to any other individual, including another eligible low-income consumer.

_____ I understand that I will be required to recertify my eligibility for Lifeline service at least annually, and that failure to do so will result in termination of Lifeline benefits. I will notify 3 Rivers immediately if I no longer qualify.

_____ I will notify 3 Rivers within thirty (30) days if my home address changes. Failure to provide such notification may result in de-enrollment from the program.

_____ I understand that completion of this application and provision of documentation does not constitute immediate approval for Lifeline services.

_____ I understand that my name, telephone number and address will be divulged to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.

_____ I certify that I reside on a federally recognized Tribal Land as defined by the FCC. (For Tribal Residents only)

HOUSEHOLD WORKSHEET

Only ONE Lifeline service may be obtained per household. "Household" is defined as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" is defined as "all adult individuals contributing to and sharing in the income and expenses of a household." Lifeline support is available to eligible low-income consumers living in group living facilities. As a Lifeline applicant, you must demonstrate that any other Lifeline recipients residing at your residential address are part of a separate household.

If there are multiple unique households at your address, as defined in this program, please also complete and submit the Household Section below.

For example, if you live in an apartment building, in a nursing home, or in another type of multi-dwelling facility. This will assist us in being able to respond promptly to your request for Lifeline benefits. Answer the questions below to determine whether there is more than one household residing at your address.

- 1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) YES NO
- If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
- If you checked NO, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
A. A parent YES NO D. An adult roommate YES NO
B. An adult son or daughter YES NO E. Other YES NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) YES NO
- If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
- If you checked YES, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? YES NO
- If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
- If you checked YES, then your address includes only one household, please answer question #4.
4. Do any of the adults listed in question #2 already receives a Lifeline-discounted phone? YES NO
- If you checked NO, please initial line B below, and sign and date the worksheet.
- If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

HOUSEHOLD CERTIFICATION

(To be completed only if you live in a group living facilities or if there is more than one household living at your address.)

- A. I certify that I live at an address occupied by multiple households.
B. I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

By signing below I am certifying that all information contained on this form and in my documentation is true and correct. I understand that if I knowingly provide false information in order to obtain Lifeline benefits that I will be guilty of perjury, which is punishable by fines or imprisonment up to five years.

Signature: Date:

Submit your completed form and your supporting documentation using one of the following methods:

Mail:
3 Rivers Telephone Cooperative, Inc.
PO Box 489
Fairfield, MT 59436
Fax: 406-467-3490
Email: 3rt@3rivers.net

FOR OFFICE USE ONLY
Type of Document:
Date or expiration date of doc:
Date reviewed: CSSR:
In person, by fax, mail, or electronically
Name on Document:
Relationship:

OFFICIAL USE ONLY (2015)

Date Form and Document Received: